

The Question:

SHALL ORGANIZED MEDICINE BE UNIFIED, or SEPARATE

At present, physicians in California who choose to join organized medicine do so through their county medical societies, and membership in the California Medical Association and the American Medical Association is then automatic. At the March meeting of the CMA House of Delegates, question was raised whether membership in CMA, and the AMA, or both should remain automatic.

The House requested an ad hoc committee to cause a "poll and its attendant statements to be developed by May 21 for copy distribution to component medical societies and printing in the CMA membership news media—with mailing of the official questionnaires to the society members on September 1, 1971." Members will be asked to express their opinions by ballot in September.

The Speaker of the House appointed an ad hoc committee of the House to conduct this informed opinion poll of the membership. The committee has met to set ground rules, prepare accurate pro and con statements and write the poll questions—in accord with the directions of the House action.

The Informed Membership Opinion Poll Committee, with the advice of Decision Making Information, Inc., an independent consultant, prepared statements regarding unified and separate membership in CMA and AMA from comments which were solicited from every county medical society. A statement by legal counsel for the California Medical Association on the structural relationship of AMA, CMA and component societies, and the statements on unified or separate membership prepared by the committee appear on the following two pages.

THE STRUCTURAL RELATIONSHIP OF AMA, CMA AND COMPONENT SOCIETIES

HOWARD HASSARD, Esq., Legal Counsel,
California Medical Association

Medicine's professional organizations are legally structured in three tiers—national, state and local. In the 19th century, the organizational structure was relatively loose, but at the end of the century, the present system emerged. Essentially, it centers at the state level.

AMA membership has not historically been the *basic* unit of membership, and in many states (including California) at various times it has been optional. On the other hand, the state association is the *basic* unit and, accordingly, state membership historically (in California since 1901) has been automatically linked with local membership.

The point is emphasized by the "Historical Notes" that have appeared in all modern printings of the Constitution and Bylaws of the California Medical Association. The Historical Notes first describe the situation in the 19th century when population was sparse and travel difficult. Then follows:

"With the reorganization of the state society, which followed on that of the American Medical Association in 1901, the picture changed.

"For in that year began the national association system made up of state society units, and these in turn composed of component county societies, only one such county unit being permitted for each county." (CMA Constitution and Bylaws, page 27, as adopted May 13, 1951—last full printing.)

The modern "system" may be outlined as follows:

(A) *American Medical Association*. As stated in the AMA Constitution (Article I), "It is a federacy of its state associations." It is a federation made up of "recognized medical associations of states, commonwealths, territories . . . which are . . . federated to form the American Medical Association." (Article III.) Local or component societies are described as those county or district societies that are "chartered by the respective state associations." (Article IV.)

To the best of my knowledge, neither the Constitution nor the Bylaws of the AMA have ever *required* that all members of state associations be members of the AMA. There are provisions in the AMA Constitution and Bylaws for members of state associations to become regular members of the AMA (Constitution, Article V; Bylaws, Chapter I, Sec. 1). The Bylaws are couched in permissive language—for example, a state member "is eligible for Regular Membership" in the AMA if he is certified by the state association

and not disapproved by the Judicial Council (Bylaws, Chapter I, Sec. 1). Historically, some state associations have required their members to be AMA members and some have not, and some have changed policy from time to time (New York, for example).

Until recent years AMA dues were either nonexistent or nominal (nominal until 1911, nonexistent 1911 to 1949). From 1911 to 1950 the AMA financed itself almost completely through its various publications and did not need financial support from the practicing physician. The only charge made was \$10 per year to "Fellows," a special classification for physicians who did *not* belong to a constituent association. At the time the Fellowship classification was created, the House of Delegates noted that any physician joining a county medical society of a constituent state or territorial body "logically becomes a member of the AMA." AMA expenses increased about 1950 and dues payment on a modest scale commenced. Today the Congressional action taxing advertising income has made the AMA more than ever dependent on membership dues.

(B) *California Medical Association*. California Medical Association is *not* a federation. As stated in the "Historical Notes," it is the "unit" of membership. The CMA Constitution provides that CMA is an organization composed of "the component societies *and* their members . . ." and that component societies are those local organizations that are chartered by the CMA. (Constitution Article I, Sections 3-5.) Membership in the CMA and membership in a component society are totally linked throughout the CMA Constitution and Bylaws. In fact, the component societies are made the "sole judges" of the admissibility of an applicant for membership. (Bylaws Chapter II, Section 3.) Thus, when a component society admits a member, the admission is a dual one—to the component society and to its parent, the State Association. It is further specified that the Constitution and Bylaws of the component societies cannot in any way conflict or be inconsistent with the Constitution and Bylaws of the CMA (CMA Bylaws Chapter I, Section 1). The power to charter component societies is coupled with the power to revoke (Constitution, Article I, Section 5). California Medical Association, as currently structured, is the basic medical unit in California, functioning directly and through local societies chartered by it.

The identity of state and local membership is clearly spelled out in the "membership" chapter of the CMA Bylaws (Chapter 2). Not only are the component societies the sole judge of qualifications of an applicant both as to state and local membership, but also termination of component society membership automatically terminates state membership. In the CMA structure, local and state membership are synonymous.

STATEMENTS ON UNIFIED *vs.* SEPARATE CMA AND AMA MEMBERSHIP

In preparation for a poll of California Medical Association members as to whether membership in county medical societies shall be unified with or separate from CMA and AMA membership, the Informed Membership Opinion Poll Committee prepared the following statements of views on both sides of the question. Ballots and a questionnaire will be mailed September 1, 1971, to active and associate members of CMA, with a return deadline of October 15, 1971.

For Unified

CMA

The case for continuing the present system is based on the need for the strongest possible unified organization to speak for medicine in California, in the political, socio-economic, scientific and public arenas.

1. The problems we encounter in dealing with current issues such as governmental bureaucracy, legislation, changes in health care delivery, and third parties cannot be handled effectively by fragmented groups.

2. Benefits such as improving patient care, continuing education, malpractice legislation, socio-economic research, representation before governmental agencies, public information, and political action can be provided with vigorous and united membership support.

3. Active participation from within is far more effective in influencing appropriate change than "dropping out." Due to the complexity of problems facing medicine today, your voice and support are needed more than ever before.

Standing alone, the California physician is unable to deal with problems facing medicine today. Fragmentation guarantees ineffectiveness, while the potential of our unified voice is unlimited. The time for unity is now!

AMA

The current unified membership system in California links the individual physician into a close, strongly-knit unit and assures him of a forceful and effective voice at all levels.

1. While all CMA members may not agree with all policies and programs of the AMA, support of California's dynamic and responsive Delegation is necessary to promote a progressive national organization.

2. CMA representation in the AMA House of Delegates is based on the number of California AMA members. In order to strengthen our national posture, California needs a maximum number of members.

3. The full potential of benefits such as maintaining standards of medical education, evaluating and improving the hospital environment, representation before Federal agencies and political action are better derived by participation from a unified membership.

In short, simultaneous membership in state (CMA) and national (AMA) medical societies is essential to the unity and strength of the profession in this country, which is needed now more than ever before.

For Separate

CMA

The case for changing the present system is based on each physician having the right to make his own decisions voluntarily concerning the advantages and disadvantages of membership in each organization.

1. Elected representatives will be more responsive to the needs and desires of the membership if individual members have the opportunity to withdraw membership.

2. The organization would be strengthened by having as members only those who voluntarily choose to support its goals and objectives and the manner in which it speaks for the individual member.

3. Specialty groups offer comparable benefits to their members, such as malpractice coverage, disability and life insurance; therefore, CMA membership is unnecessary.

If the profession vigorously defends the principle of "freedom of choice" in health care, it should allow its individual members freedom of choice regarding membership.

AMA

Changing the present system would allow each physician the right to make his own decision voluntarily concerning the advantages and disadvantages of membership in the AMA.

1. A large majority of state medical associations currently offer this option, and to deny it is to deprive California physicians of their freedom to make a choice.

2. Some physicians advocating optional AMA membership contend that AMA is too liberal and its leaders do little towards preserving private practice. Others contend that AMA is too conservative and has failed to provide solutions to the surging tide of health problems.

3. If optional AMA membership is available, the AMA leadership would be more responsive to the wishes of California physicians.

AMA would be strengthened by having as members only those who voluntarily choose to support its goals and objectives and the manner in which it speaks for the individual member.